

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

01-28-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		2				
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TOTAL IND.	3					
TOTAL DEP.	14	←	←	←	←	←
TOTAL CLAIMS	17	████████	████████	████████	████████	████████

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████
TOTAL DEP.		←	←	←	←	←	←	←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████